300-23-TC

PAGE

JUN 2 3 2004 Confilete and send this form, together with applicable fee(s), to: Mail

PART B - FEE(S) TRANSMITTAL

Mail Stop ISSUE FEE

Commissioner for Patents P.O. Box 1450 Alexandria, Virginia 22313-1450

or Fax

(703) 746-4000

INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 4 should be completed where appropriate. All further correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as indicated unless corrected below or directed otherwise in Block 1, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for maintenance fee notifications.

CURRENT CONRESPONDENCE ADDRESS (Note: Legibly mark-up with any corrections or use Block 1)

7590

04/16/2004

CARY W. BROOKS General Motors Corporation Legal Staff, Mail Code 482-C23-B21 P.O. Box 300 Detroit, MI 48265-3000

Note: A certificate of mailing can only be used for domestic mailings of the Fee(5) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have in own certificate of mailing or transmission.

Certificate of Mailing or Transmission
I hereby certify that this Fee(s) Transmittal is being deposited with the United
States Postal Service with sufficient postage for first class mail in an envelope
addressed to the Mail Stop ISSUE FEE address above, or being facsimile
transmitted to the USPTO, on the date indicated below.

Patrice Ud	chno Leland	(Depositor's resme)
Patrici Uc	hno Leland	(Signature)
June 23	2004	(Date)

APPLICATION NO. FILING DATE		FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.				
09/996,850	11/21/2001	Shi-Wai S. Cheng	GP-300576	4879				

TITLE OF INVENTION: ROLLING REGENERATION DIESEL PARTICULATE TRAP

APPLN, TYPE	SMALL ENTITY	ISSUE FEI	E	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUB
nonprovisional	NO	\$1330		\$300	\$1630	07/16/2004
. EXAM	IINER	ART UNIT	†	CLASS-SUBCLASS		
MEDINA SANA	BRIA, MARIBEL	1754		423-239100		
I. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rry 03-02 or more recent) attached. Use of a Customer Number is required.			names of up to agents OR, alte firm (having as agent) and the	on the patent front p 3 registered pare matively, (2) the na a member a registe names of up to 2 re mats. If no name is	me of a single red attorney or gistered patent	W. Brooks
	RESIDENCE DATA TO B					
PLEASE NOTE: Unless been previously submitte (A) NAME OF ASSIGN		ow, no assignce dat ubmitted under seps (B)	a will sppear on t rate cover. Comp RESIDENCE: (C	he patent, Inclusion letion of this form is ITY and STATE OR	of assignee data is only appropr NOT a substitute for filing an as COUNTRY)	iate when an assignment has signment
General Mot	ors Corporation	n.	Detroit,	Michigan	•	
	_					
Please check the appropriate	assignee category or catego	ries (will not be prin	ted on the patent)	individual	Of corporation or other private a	roup entity government
4a. The following fee(s) are	enclosed:	4b.	Payment of Fcc(s)	:		
La Issue Fee		Ç	A check in the s	mount of the fee(s) is	enclosed.	
Publication Fee	2.			lit card. Form PTO-2		
Advance Order - # of	Copies		The Director is Deposit Account N	bereby authorized l lumber <u>07-096</u>	ov charge the required fee(s), or (enclose an extra	credit any overpayment, to copy of this form).
Director for Patents is reque	sted to apply the Issue Fee a	nd Publication Fee (i	fany) or to re-app	ly any previously p	aid issue fee to the application id	confied above.
other than the applicant; interest as shown by the re This collection of informs obtain or retain a benefit application. Confidentialli estimated to take 12 minu completed application for case. Any comments or suggestions for reducing Patent and Trademark	d Publication Fee (if require a registered attorney or agreered of the United States Patients of the public which is to fire to complete, including a m to the USPTO. Time will the amount of time you this burden, should be sent to Office, U.S. Department of the USPTO Patients, Should be for Patients, Alexandria, Vinger Patients, Al	ent, or the assignee teent and Trademark 1.311. The informa- le (and by the USP 22 and 37 CFR 1.14 thering, proparing, I vary depending u- cquire to complete to the Chief Inform- of Commerce, Ala TED FORMS TO	or other party i Office. tion is required to TO to process) at i. This collection is and submitting the pon the individual this form and/o		: -	_

TRANSMIT THIS FORM WITH FEE(S)

PTOL-85 (Rev. 11/03) Approved for use through 04/30/2004.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

OMB 0651-0033 U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

PAGE 1/1 * RCVD AT 6/23/2004 7:55:39 AM [Eastern Daylight Time] * SVR:USPTO-EFXRF-2/0 * DNIS:7464000 * CSID:313 665 4977 * DURATION (mm-ss):01-12

06/23/2004 HDEMESS2 00000165 070960 09996850

01 FC:1501

1330.00 DA

300.00 DA 02 FC:1504 6.00 DA 03 FC:8001